



Do Not Write or Staple In This
Space.
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Purchase Voucher

Agency: 529
TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01047099

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1760802397/8/000

Payee Name / Address:

TEXAS PREGNANCY CARE NETWORK
1101 S CAPITAL OF TEXAS HWY
STE K250
WEST LAKE HILLS, TX 78730-5115

Freight Amount: \$0.00

Gross Amount (includes Frt.): \$762,500.00

Discount Amt Taken: \$0.00

Payment Amount: \$762,500.00

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description		AMOUNT
1		0		TPCN-12.2	TPCN-12.2 (529-10-0013-000001E)		\$762,500.00
ShipTo ID	Non-HHSAS Cntrct ID						
E893	Contract #	Wkfc	Org PmtDt	IC	RC		
		N				Invoice DT: 09/21/15 Req'd Pay DT: 11/03/15	
						Inv Rec'd DT: 09/21/15 Pay Due DT: 11/30/15	
						Service DT: 10/31/15 P O DT:	
1.1	Account	Entry Event	Fund	Dept.	Program	Class	Budget Ref Pri/Grant Amount
1.1	725300		0001	716	5016	03138	2016 TANF100F \$762,500.00
	Conf:N						Certified Amt: 0.00

Descriptive Legal Text (DLT Comments):

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

OCT 30 2015

10/30/2015

Approved By	Approver Phone(Area+Number)	Date Approved	Date Entered into HHSAS
			Kulkarni,Anjali Narayan
Approved By	Approver Phone(Area+Number)	Date Approved	Entered By
Contact Name		Contact Phone(Area+Number)	

01047099

RECEIVED

OCT 29 2015

HHSC Accounting Ops

Health & Human Services
Commission

STATE OF TEXAS

PURCHASE VOUCHER

(Shaded areas not used by Agency 529)

Page 1 pt 1

1. Vendor identification number	2. Agency number	3. Agency name	4. Current document number			
	529	Health & Human Services Commission				
5. Purchase date				6. Contract number	7. Contract type	8. Doc agency
						529
9. Texas identification number		10. PDT	11. CAC	12. Purchase Order number	13. Document amount	
1760802397					\$762,500.00	
14. Payee name / address				17. AGENCY USE		
Texas Pregnancy Care Network 1101 S. Capital of Texas Highway Building K, Suite 250 Austin, TX 78746						
18 SFX 001	DeptID/Speedchart	Invoice date	FY	COBJ	Amount	
		9/21/2015	2016	7253	\$	762,500.00
	DeptID/Speedchart			Invoice number / Account Number	Invoice Received Date	
				TPCN-12.2	9/21/2015	
	DeptID/Speedchart			Requested Payment Date	Interest Control	Reason Code
				3 DAY PAY		
18 SFX 001	DeptID/Speedchart	Invoice date	FY	COBJ	Amount	
18 SFX 001	DeptID/Speedchart	Invoice date	FY	COBJ	Amount	
19. SERVICE / DEL DATE	20. DESCRIPTION OF GOODS OR SERVICES			21. QUANTITY	22. UNIT PRICE	23. AMOUNT
October 2015	Payment in accordance to Section 1.06 of Contract No. 529-10-0013-00001E. Contract 529-10-0013-000001E. September 1, 2015 - February 29, 2016.			1	\$ 762,500.00	\$ 762,500.00
24. VENDOR CERTIFICATION			Phone (Area code and number)	25. Entered by		
Vendor Contact Name			Phone (Area code and number)			
26. I approve this voucher for payment and certify that the expenses are true, correct and unpaid. (1) The goods and services covered by the document comply with the requirements of the contracts under which they were purchased; and (2) The invoices for the goods and services are correct. This payment complies with the General Appropriations Act.						
Agency contact/preparer SIGN HERE	Beth Zahn	Printed Name Beth Zahn	Phone (Area code and number) 512-206-5111	Date	10/23/2015	
Agency Approver SIGN HERE	Marilyn Eaton	Printed Name Marilyn Eaton	Phone (Area code and number) 512-206-5187	Date	10/23/2015	

Form 4116 02/2015

Rolando Guzman Rolando Garza 424-6660

10/26/15 10/29/15 SMB



Texas Pregnancy Care Network (TPCN)

INVOICE

Billing Office:

Texas Pregnancy Care Network (TPCN)
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Remittance Address:

Texas Pregnancy Care Network
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Billing Address:

Beth Zahn
Texas Health and Human Services Commission
909 W. 45th Street
Building 555, MC 2010
Austin, TX 78751

Taxpayer ID No. 76-0802397

Amounts due may be remitted
by Electronic Funds

To: Business Bank of Texas, N.A.
1910 W. Braker Ln
Building 3, Suite 100
Austin, TX 78758
Routing No. 114925615

Account:
Texas Pregnancy Care Network
1005126

Invoice Number: TPCN-12.2**Invoice Date:** September 21, 2015**Due Date:** October 31, 2015**For Professional Services Rendered:****RE:****Contract Number:** 529-10-0013-00001E

TPCN is submitting this invoice according to the terms of Section 1.06 of the Amended Agreement between TPCN and HHSC executed August 21, 2015 (attached).

Payment 12.2: Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

Due Date: October 31, 2015

\$762,500.00

Amount Due \$762,500.00

1101 S CAPITAL OF TEXAS HIGHWAY BLDG K SUITE 250 AUSTIN, TEXAS 78746

TEL: 512-637-7011 • FAX: 512-637-7012 • WWW.TEXASPREGNANCY.CC

9088 PSP 1100 3000193 3000193

7/16/15